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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 3808

SERIAL NUMBER 09/633,675	FILING DATE 08/07/2000 RULE	CLASS 709	GROUP ART UNIT 2141	ATTORNEY DOCKET NO. 102689-43/00-U0065
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APPLICANTS

Darryl Black, Hollis, NH;

Patricia A. Davis, Boxborough, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 09/28/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NH	SHEETS DRAWING 81	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 3
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ADDRESS

021125
NUTTER MCCLENNEN & FISH LLP
WORLD TRADE CENTER WEST
155 SEAPORT BOULEVARD
BOSTON, MA
02210-2604

TITLE

Integrating operations support services with network management systems

FILING FEE RECEIVED 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

SERIAL NUMBER 09/633,675	FILING DATE 08/07/2000 RULE -	CLASS 709	GROUP ART UNIT 2757	ATTORNEY DOCKET NO. 102689-43/00-U0065
APPLICANTS Darryl Black, Hollis, NH ; Patricia A. Davis, Boxborough, MA ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/28/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY NH	SHEETS DRAWING 81	TOTAL CLAIMS 36
INDEPENDENT CLAIMS 3				
ADDRESS 021125				
TITLE Integrating operations support services with network management systems				
FILING FEE RECEIVED 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	